2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081893

Entity Name: BSV GROUP INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16424 MAGNOLIA BLUFF DRIVE MONTVERDE, FL 34756 **Current Mailing Address: New Mailing Address:** 16424 MAGNOLIA BLUFF DRIVE MONTVERDE, FL 34756 FEI Number: 41-2052556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: A H GANTT CPA & ASSOCIATES PA WELLS, GRAHAM W MR 3359 W. VINE STREET 16424 MAGNOLIA BLUFF DRIVE 104 MONTVERDE, FL 34756 KISSIMMEE, FL 34741 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: GRAHAM WELLS 04/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WELLS, GRAHAM W Name: Name: 16424 MAGNOLIA BLUFF DRIVE Address: Address: City-St-Zip: MONTVERDE, FL 34756 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: WELLS, MICHELE E Name: 16424 MAGNOLIA BLUFF DRIVE Address: Address: MONTVERDE, FL 34756 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: GRAHAM WELLS 04/16/2009